

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 8 1943

Registration District No. 316

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6075

State File No.

7464

Registrar's No. 225

1. PLACE OF DEATH:

(a) County St. Francois Co  
(b) City or town Farmington, RURAL, St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yr 4 mo 62 das  
(Specify whether years, months or days)  
In this community

3. (a) PRINT FANNIE McMURCHY BROOKS  
FULL NAME

3. (b) If veteran, No name war. 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife James O. Brooks 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased March 9, 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 11 10 hr. min.

9. Birthplace Shawneetown Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Former Music Teacher

11. Industry or business None

MOTHER FATHER { 12. Name Peter McMurchy  
13. Birthplace Campbell town Scotland (City, town, or county) (State or foreign country)  
14. Maiden name Nancy DeWitt  
15. Birthplace Gallatin Co. Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Records Mo. State Hospital No. 4  
(b) Address Farmington, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 23, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Jos. J. Quinn

(b) Address 1389 Union Blvd., St. Louis, Mo.

19. (a) 2-22-1943 (b) Byrdie Buhrmester  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis Co  
(c) City or town St. Louis (Gouldworth Home)  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19, year 1943 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from Sept. 16, 1939 19 to Feb. 19, 1943 19, that I last saw her alive on Feb. 18, 1943 19, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia (Terminal) Duration 6 days

Due to generally atherosclerosis 17 yrs

Due to

Other conditions Senile psychosis 6 yrs  
(Include pregnancy within 3 months of death)

Major findings: Of operations 107

Of autopsy No Autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (c) Means of injury  
23. Signature Paul J. Schradl (M. D. or other) No  
Address Farmington, Mo. Date signed 2-18-43

MAY 28 1943

RECEIVED

District Health Officer No. 4

District File Number 243-1850

Date Filed 3-5-43

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Harry Schumacher*

Licensed Embalmer No.

2679

P. O. Address

*Seneca St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.